

<b>Case Number:</b>	CM13-0036167		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old male who reported an injury on 08/04/2008. The mechanism of injury was lifting. The reported injuries were to the lower back. The initial course of treatment is unclear; however, it is known that the patient underwent left L3, L4, and L5 transforaminal epidural steroid injections that provided him with continued 50% relief. It is noted that the patient was considering a spinal cord stimulator; however, he did not meet criteria. The patient had a psychological evaluation in 09/2013 that noted him to be severely depressed and he was placed on citalopram 40 mg daily concurrently with Abilify 5 mg daily. The patient has had sporadic care since his injury, but is most recently reported to be utilizing Celebrex 200 mg daily as needed, Gabapentin 600 mg 3 times a day, Omeprazole 20 mg every day, and the previously discussed antidepressants. He is also noted to use several topical analgesics. The most recent clinical note provided was dated 11/05/2013 and reported the patients pain level as 7/10, a positive left straight leg raise, and 4/5 muscle strength on the left. He was noted to have left lumbar radiculopathy at L4-5 and L5-S1. There were no other clinical notes submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Terocin topical solution BID to TID pm 120 gm bottles (2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines recommend topical analgesics as an option for treating pain; however, it is noted that they are largely experimental and have limited evidence of efficacy. Guidelines also state any compounded product that contains at least one drug that is not recommended deems the entire product not recommended. Terocin cream is a combination of capsaicin, lidocaine, menthol, and methyl salicylate. The capsaicin contained in Terocin is a formulation of 0.035%. Guideline recommendations only approve the use of a formulation of 0.025% capsaicin, as there was no evidence to support increased use over that amount. Also, guidelines state lidocaine can only be used as a dermal patch and no other formulations, to include creams, lotions, or gels, are indicated for the treatment of pain. As such, the entire compounded cream is deemed not recommended, and the request for Terocin topical solution BID to TID p.m. 120 gm bottles (2) is non-certified.